

## Resident Satisfaction Survey – Sample One

**Please help us improve our program by answering some questions about the services you have received so far. We are interested in your honest opinions, whether they are positive or negative. Please answer all of the questions. We also welcome your comments and suggestions.**

How long have you been in the program?	<input type="checkbox"/> 0-3 mo.	<input type="checkbox"/> 3-6 mo.	<input type="checkbox"/> 6-9 mo.	<input type="checkbox"/> 9-12 mo.	<input type="checkbox"/> 1 yr.+
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**Please rate your agreement with the following statements.**

I would recommend this program to a friend with children that needed help with a substance abuse problem.	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
The services I have received will help me avoid future relapse.	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
I am satisfied with the services I have received.	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
It was a good decision to participate in this program.	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
I am satisfied with the amount of help I have received.	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
I want to continue in counseling after I have completed the program.	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
My parenting knowledge has increased as a result of the program.	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
The program has helped me improve my relationship with my children.	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
The program has helped me gain the skills needed to live substance free with my children in the community.	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
The staff are friendly and courteous to me.	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
The facility is clean and comfortable.	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
The location where I receive my treatment is convenient and accessible.	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
The staff is able to assist me with any questions or problems I have.	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
I plan to attend self-help groups (i.e. AA) after I have completed the program.	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
I am treated with dignity and respect by the staff.	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
How would you rate the quality of service you have received?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor



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*Sponsored by the Department of Public Health, Bureau of Substance Abuse Services  
Facilitated by The Quality Improvement Collaborative*

<b>Please rank the following components as to their helpfulness.</b>	<b>Most helpful</b>				<b>Least helpful</b>	<b>Comments</b>
Substance abuse groups	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Parenting groups	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Individual substance abuse therapy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Individual parenting skills training	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Case management	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Phone log-support system development appointments	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Vocational / educational services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Budgeting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Self-help group attendance (i.e. AA/NA)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Contact with other residents	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Informal discussion	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Do you feel you have been discriminated against during your stay? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, by whom? <input type="checkbox"/> Staff <input type="checkbox"/> Resident <input type="checkbox"/> Other _____			If yes, please check-off any and all areas you believe this occurred. <input type="checkbox"/> Race <input type="checkbox"/> Sex <input type="checkbox"/> Religion <input type="checkbox"/> Age <input type="checkbox"/> Sexual orientation <input type="checkbox"/> Disability <input type="checkbox"/> Other _____		
Any suggestions to improve services for future families?						
Additional comments:						

